			vision of health – standard certificate of death $-62-028$	700
	RTMENT O	F PU	Registration District No. 318 Primary Registration 2,003 Registrer's No. 6906 STATE FILE NU.	MBER
DO NOT WRITE ON THIS STUB	AMENDE	D	THE OR LAND	
	I_ I I I	1	1. Parch be finding JUL 3 1 1962 2. USUAL RESIDENCE (Where deceased lived. If institution: In the state of t	
VS 300 Rev. 4/59	AMENDED		MO. St. Louis	admission)
Rev. 47 37			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Touris	Inside Limits
1 1	 		pr. nouts	Yes No Reside on Farm
	8 PAIR		HOSPITAL OR ADDRESS	Yes No
24033-3	5 5 1		St. Luke's Hospital Yes 9548 Old Bonhomme Rd.	168 CJ 140 CJ
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF	Year
			BRUNO HEGER SR. DEATH July 12	1962
			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthdey) IF UNDER 1 YEAR Widowed D Divorced 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Hours Min.
5 .2			Male White Widowed Divorced 11-13-1882 79 Months Devis 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF STATE 12. CITIZEN OF STATE 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF STATE 13. BIRTHPLACE (City and state or country) 12. CITIZEN OF STATE 13. BIRTHPLACE (City and state or country) 13. CITIZEN OF STATE 13. BIRTHPLACE (City and state or country) 14. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country) 15. CITIZEN OF STATE 15. BIRTHPLACE (City and state or country)	NUAT COUNTRY
	ا ا ا		during most of working life even if retired)	
	Pottow Pottow		Carpenter (Retired) Self Employed Partin County, Kansas U.S.A	•
7/	팅		Constine Heger Catherine Ihme Late Lina L. Hege	
8 /	ااام		15 WAS DECEASED EVER IN U.S. ARMED EXPLICES?	<u>r</u>
	ا ا ا		(Yes, no, or unknown) (If yes, give war or dates of serv No None Type Eugene Heger 5330 Murdoch Ave.	
	~ 삼	5	1 18. CAUSE OF DEATH (Enter only one cause per line nor (a), (b), and (c).	FERVAL BETWEEN
10	5	OCUMEN	IMMEDIATE CAUSE (a) Pulmanage information	A BL
11		Ş		
	NSTEAD	8	Conditions, if any, DUE TO (b) Cerebral thromboals, Severe hewirderid In	Muca
	SE IS		which gave rise to above cause (a).	•
13	┋╞┋┼┼┼┼	- 1	stating the under- lying cause last. DUE TO (c) Greneral arteriosclemate 332 x 50	18t
	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased	
21			disease condition given in PART I (a)	was female was
// 15	"		disease condition given in PART I (a) Terminal recommendation of the second stress of the se	ncy in last 90 days.
0.			disease condition given in PART I (a) Terminal without infection, and premonities Ores Or	ncy in last 90 days.
0.	DWENT:		disease condition given in PART I (a) Terminal without infection, and premonities Ores Or	ncy in last 90 days.
<i>O</i> ·	MENDWEN		disease condition given in PART I (a) Terminal without includes a pregnar 19. WAS AUTOPSY PERFORMED? PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? WES BOOD Company Comp	ncy in last 90 days.
NO.	AMENDMENIS		disease condition given in PART I (a) Terminal without includes a pregnar 19. WAS AUTOPSY PERFORMED? PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? WES BOOD Company Comp	ncy in last 90 days.
INK BBON .	AMENDMEN		disease condition given in PART I (a) Yes	ncy in last 90 days.
K INK			disease condition given in PART I (a) Yes No Yes No	to I last 90 days. Unknown of Item 18.)
K INK			disease condition given in PART I (a) Yes	ory in last 90 days. Unknown of item 18.)
K INK			disease condition given in PART I (a) Yes	to I last 90 days. Unknown of Item 18.)
K INK		JF	disease condition given in PART I (a) Yes	to I last 90 days. Unknown of Item 18.)
K INK		TOF	disease condition given in PART I (a) Yes	STATE STATE 22c. DATE SIGNED
BLACK INK OR RITER RIBBC	SHOULD READ		19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II PERFORMED? 20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., Month of Part) 20f. CITY, TOWN, OR LOCATION 20f. Injury occurred et 3:30 A.	STATE
K INK	SHOULD READ		disease condition given in PART I (a) Yes Yes No No Yes No Yes	STATE STATE 22c. DATE SIGNED 7-13-62.
K INK		Y AFFIDAVIT OF	disease condition given in PART 1 (a) Vest 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 PART 11 PART 1 or PART 1 or PART 11 PART 1 or PART 1	STATE STATE 22c. DATE SIGNED 7-13-62.

الخاران م

கூரு நாக்கு இரு சார்க்கு இரு அரு இரும் இருக்கு இரு கூ STATEMENTS BY JUICENSED EMBALMER

في والوالم الحالم المجارية

P. O. Address_____

With the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.